DOCUMENT RESUME

ED 367 625 SP 035 060

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TITLE Nursing Services in Southwest Minnesota Schools (Results of a Survey).
PUB DATE Apr 93
NOTE 21p.
PUB TYPE Reports - Research/Technical (143) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Delivery Systems; Elementary Secondary Education; Health Promotion; *Job Analysis; *Job Performance; *Role Perception; Rural Schools; *School Health Services; *School Nurses; School Personnel; School Surveys
IDENTIFIERS *Minnesota

ABSTRACT

In an effort to gather and share accurate information about health services provided to children in school districts throughout 18 rural counties of southwest Minnesota, a survey was developed and mailed to 200 public health nursing directors, elementary school principals, and superintendents (122 were returned). Questions sought information about the intensity of nursing services, duties of school nurses, costs of service, time available to students, perceptions about future directions of school nursing services, and perceptions of priority responsibilities and critical duties of a school nurse. All 122 schools responding provided some level of school health services, with time spent by the school nurse varying from 3 to 150 minutes per student per year. The cost of nursing services varied by district, with the average being $15.61. Nurses reported their priority responsibilities to be screenings and followup, maintenance of health records; referrals to other resources, health education, first aid and emergency care, and preventing and controlling communicable disease. Only 14 districts claimed special education financial reimbursement for health related services, although other districts are exploring or beginning to implement procedures for claiming such reimbursement. According to comments, more time is needed to train and supervise health aides, develop policy, provide health education, develop curriculum, increase contact with faculty and staff, become more involved with special education decisions, and increase home visits. A copy of the nursing services survey is appended. (LL)

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ED 367 625

Nursing Services in Southwest Minnesota Schools

(Results of a Survey)

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April, 1993

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Introduction

Is there an ideal or model way to deliver effective school health services to students living in rural communities? Should school boards be contracting for school nurse services from other health care providers in the area or hire their own staff? What are other school districts in southwest Minnesota doing? What are essential activities for the nurse working in the school setting? How can we best meet the health needs of our children as they learn, grow and develop?

In an effort to gather and share accurate information regarding health services provided to children in school districts throughout the 18 counties of southwest Minnesota, a survey was designed and implemented. The purpose of the survey was to:

- delineate the type of nursing services provided: by whom; for whom; time involvement and cost;
- describe models of delivering school health services;
- provide feedback to respondents about nursing services in schools.

It is hoped that the results of the survey can be used to assist school nurses, school administrators and local public health agencies in defining their basic and most important contributions to a comprehensive school health program. This information is important in an ever changing environment of health care reform, restrictive budgeting and public demand for services.

Background

According to the Minnesota Department of Health's School Health Manual, an effective school health program places emphasis on prevention,

case finding, early intervention and remediation of health problems. It enhances the educational process by the modification or removal of health-related barriers to learning and by promotion of an optimal level of wellness. The outcome of an effective school health program is to prepare students to maintain healthy lifestyles and cope effectively with health problems. The overall goal of school health programs is to help each child achieve and maintain an optimum level of health so that maximal physical, emotional, and intellectual growth can occur.

The nurse's role in the health of school children has been identified by Susan Wold in School Nursing as:

- Manager of health care within the school health program;
- Deliverer of health services;
- Advocate for health rights of children;
- Counselor for health concerns of children, families and staff; and,
- Educator for school/community health concerns.

A review of the literature reveals, however, that the role of the school nurse is not well understood by school personnel, resulting in misperceptions, confusion and underuse of nursing skills and expertise. Significant differences also exist among nurses themselves when comparing the importance of such visible functions as first aid and record keeping to the less tangible long-range outcomes of developing a health-educated young adult.

A lack of information exchange is apparent. Rawlins and Stephens state:

> The fault seems to be a function of: lack of a common professional language, decreased time for interaction between health care providers and educators . . . simply due to increased demands on the time of each group; and, a lack of understanding about how the two communities can best interact to meet the needs of individual students.

So what does the future hold? Constance Baker, RN, Ed. D., claims, in "Every Child in America Needs a Professional School Nurse":

> The public school system in the United States is undergoing change. Students' health care needs must be met to facilitate their academic achievement. As school systems design strategies to meet the nation's education goals, school health and the nurse's role will undoubtedly change. It is imperative that school nurses participate in redesigning the school health programs and simultaneously prepare themselves for more comprehensive professional practice.

Methods

A survey was developed and distributed in November of 1992 to profile nursing services in southwest Minnesota schools. The survey was a collaborative project of the authors. Two hundred surveys were mailed to school nurses, elementary principals, public health nursing directors, and superintendents in school districts serving 61,207 students in 18 counties in rural Minnesota. One hundred twenty-two surveys were returned, a return rate of 61%.

The survey consisted of 13 questions, some multiple choice and others with narrative responses. (See Appendix A.) The 122 surveys included both public and private schools and included special education, elementary, middle and high school buildings. The schools ranged in size from 20 students to 5,000 students (mean school size was 790).

The survey asked for information on the following items:

- intensity of nursing services;

- duties of school nurses;
- costs of the service;
- the amount of time nurses were available to students; and,
- perceptions about the future direction of school nursing services.

Because some schools returned more than one survey, there were occasional discrepancies in the responses. For some items such as the cost of nursing services and the nursing time spent, the responses were reviewed by phone with school staff and the discrepancy resolved. For other more qualitative questions such as the future role of nursing in the school and nursing services available, the different responses were maintained to add to the richness of the survey results.

Results

School nurses in southwest Minnesota may be hired by school districts or contracted through another organization such as a local public health agency, hospital, home health care agency or another school district. For our purposes, nurses hired by schools are labeled "school-hired nurses" and nurses contracted through public health agencies are labeled "contracted nurses".

All 122 schools responding provided some level of school health services. The number of minutes of nursing service per student ranged from less than 3 minutes per student per year (in six schools) to more than 150 minutes per student per year (in six other schools). The distribution of minutes of nursing time for each school is illustrated in Figure 1 and Figure 2.

Figure 1. Minutes of Nursing Time Per Student from Smallest to Largest Schools

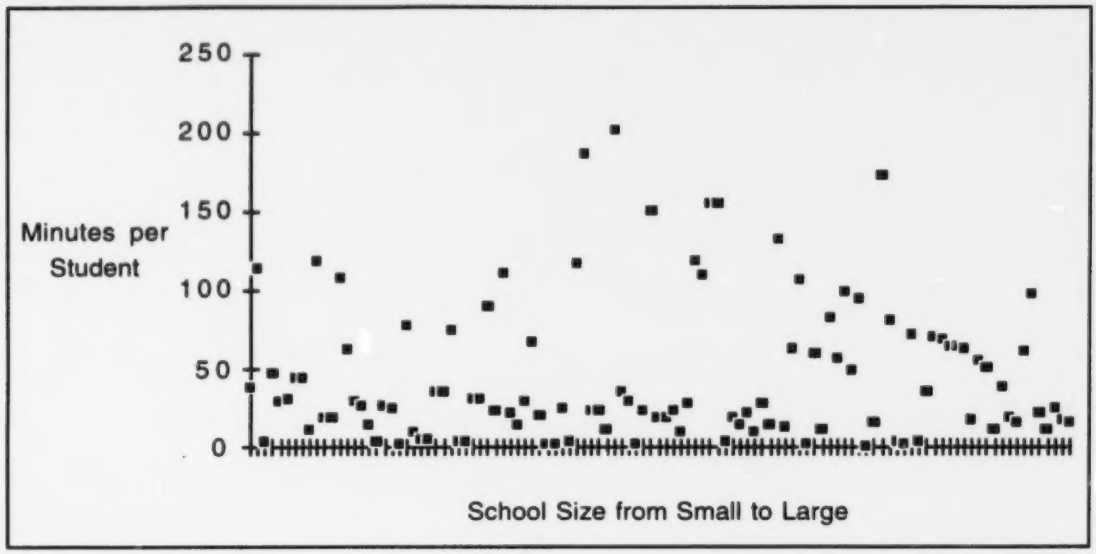
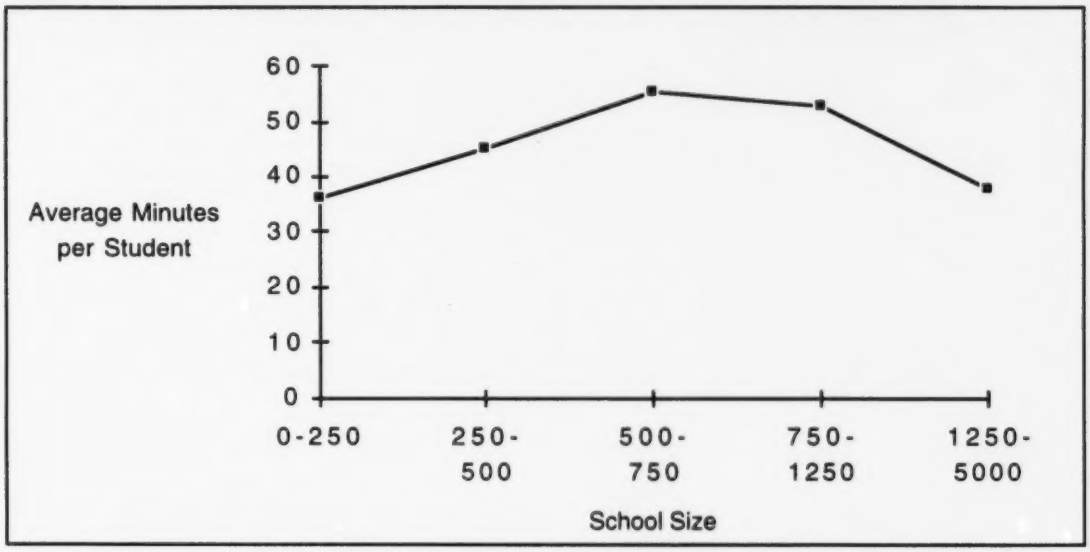


Figure 2 shows the average number of minutes of nursing time spent per student according to school size. The graph indicates the smallest and the largest schools allocate less nursing time per student than medium size schools.

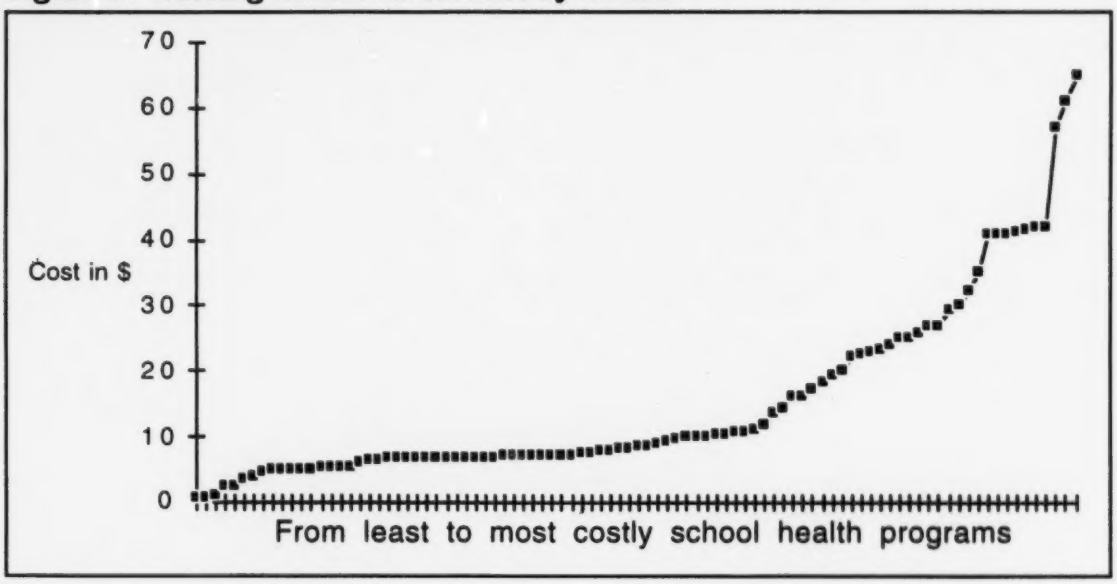
Figure 2. Average Minutes Nursing Time Per Student by School Size



School districts with nurses on staff tended to be larger (mean size 1262 students) than those districts that contracted for nursing services (mean size 391 students). Schools that reported using both a school nurse and a contracted nurse (N = 4) were eliminated from this comparison. (Some schools hired a nurse but also contracted for other services such as screenings.)

The reported cost of nursing services per district were compared to the student population to assess variability in dollar costs per student (Figure 3). The cost of nursing services varied from less than $1.00 per student per year to over $60 per student per year. (Average cost was $15.61 per student per year.)

Figure 3. Nursing Costs Per Student by School



The cost of nursing services per student in districts that had a nurse on the school staff was $22.98 per student (N = 48). County nurses

contracting with a school district cost an average of $9.81 per student (N = 51). School-hired nurses had an average of 67 minutes per student per year (N=61); contracted nurses reported 27 minutes per student per year (N=47). The difference in cost and time may reflect differences in roles and responsibilities school staff nurses and contracted nurses assume.

Chart 1. Nursing Services in Schools By Employer

Employer	Number of districts	Average number of students in school	Nurse time/ year	Cost/ student/year
School nurses	48	1262	67 min.	$22.98
Contracted nurses	51	391	27 min.	$ 9.81
Nurses contracted from other agency	4	569	45 min.	$33.78

Information about nurse licensure and certification was also requested. Survey responses indicated the highest certification reported.

- 9 licensed school nurses*
- 58 public health nurses*
- 48 registered nurses and*
- 5 licensed practical nurses.*

*Some nurses reported multiple licensure/certifications.

Chart 2. Priority Ranking

Activity	% of Nurses Performing This Activity	Identified Priority Ranking
Screenings	99%	1
Maintaining health records	95%	3
Follow-up to screenings	95%	2
Referral to other resources	93%	4
Health education	91%	5
Preventing & controlling communicable disease	81%	6
Interpreting & implementing state/federal health regulations	80%	12
Teaching & counseling students & other school personnel	80%	10
Working with special educators & special education students	71%	11
Health and developmental assessments	70%	7
Home visits	69%	13
Attending meetings with parents	66%	15
First aid and emergency care	57%	9
Developing policies for district	56%	14
Student health services (giving medications, taking temperatures, etc.)	48%	8

The survey also asked about nurses priority responsibilities (see Chart 2).

The results indicate that

- 99% of nurses were involved in screenings;
- 95% reported providing follow up to screenings and maintaining health records;
- 93% referred to other resources;
- 91% listed health education as an activity; and,
- 81% reported preventing and controlling communicable disease as a nursing responsibility.

The respondents were asked to check applicable services provided by the nurse from a list of 15 activities. This list was not intended to be all inclusive but rather represented general categories of school nurse activities.

A second service-related survey question requested a ranking of what the respondents saw as the most critical duties of a school nurse (see Chart 2). The six most widely performed activities reported in the previous question were also ranked as most necessary. The remainder of the activities were less widely performed and received lower priority rankings. For example, interpreting and implementing state/federal health regulations was an activity reported by 80% of nurses, but was ranked 12th in importance. Conversely, while only 57% of nurses reported performing first aid and emergency care, it was ranked 9th in importance. And while only 48% reported school health services such as giving medications and taking temperatures was a part of their role, it received a fairly high average

ranking of 8. Finally, while 56% of nurses worked on developing policies for the district, the activity was ranked 14th or last.

School-hired nurses were more likely to be involved with first aid and emergency care, with developing district health policies, attending parent meetings, and working with special education students and teachers. Differences between staff and contracted nurses are shown in Chart 3 and Chart 4, both the actual and the identified priorities.

Chart 3. Actual Role of Nurses in Schools

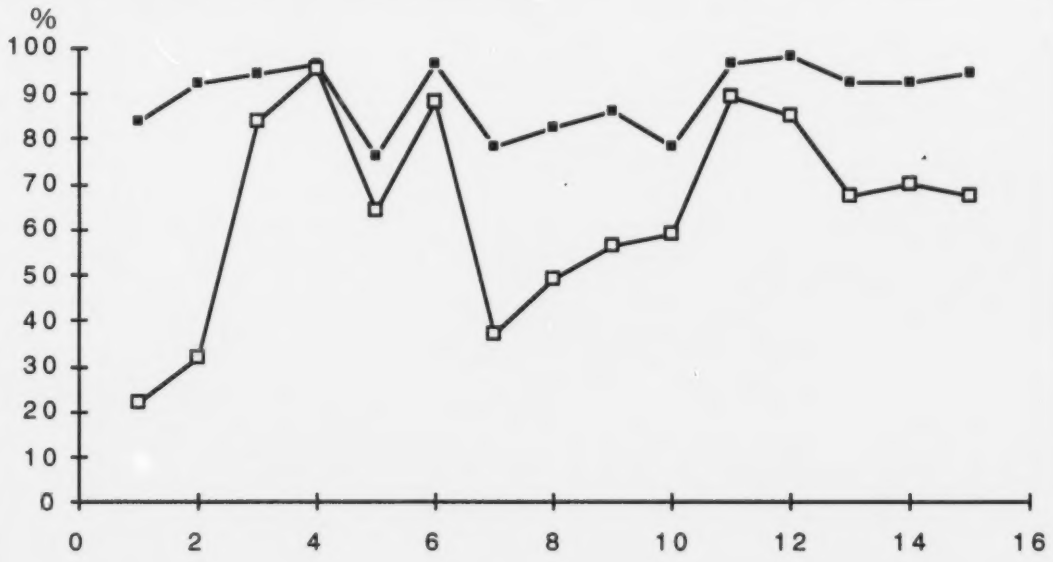
	Responsibility	School-hired Nurses Actual Role		Contracted Nurses Actual Role	
		Number	Percentage	Number	Percentage
1	Student health	41	84	16	22
2	First aid, emergency care	45	92	23	32
3	Health education	46	94	61	84
4	Screenings	47	96	69	95
5	Health & developmental assessments	37	76	47	64
6	Health records	47	96	64	88
7	Developing district policies	38	78	27	37
8	Attending parent meetings	40	82	36	49
9	Special education teachers and students	42	86	41	56
10	Home visits	38	78	43	59
11	Screening follow-up	47	96	65	89
12	Referral to other resources	48	98	62	65
13	Teaching/counseling	45	92	49	67
14	Communicable disease prevention/control	45	92	50	70
15	Interpret/implement regulations	46	94	49	67

Chart 4. Identified Priorities for School and Contracted Nurses

	Responsibility	School-hired Nurse "Ideal" Role Number	Percentage	Contracted Nurse "Ideal" Role Number	Percentage
1	Student health	25	51	7	10
2	First aid, emergency care	24	49	5	7
3	Health education	8	16	31	42
4	Screenings	31	75	65	34
5	Health & developmental assessments	8	16	25	51
6	Health records	28	57	37	51
7	Developing district policies	4	8	3	4
8	Attending parent meetings	0	0	1	1
9	Special education teachers and students	11	22	10	14
10	Home visits	2	4	18	25
11	Screening follow-up	19	39	53	73
12	Referral to other resources	9	18	39	53
13	Teaching/counseling	14	29	12	16
14	Communicable disease prevention/control	15	31	20	27
15	Interpret/implement regulations	13	27	8	11

A comparison of the actual role of school-hired nurses and contracted nurses is illustrated in Figure 4. Most school nurses indicated all 15 activities were their responsibility. Fewer contracted nurses were involved in student health, first aid/emergency care, or developing district policies.

Figure 4. Actual Role of Nurses in School



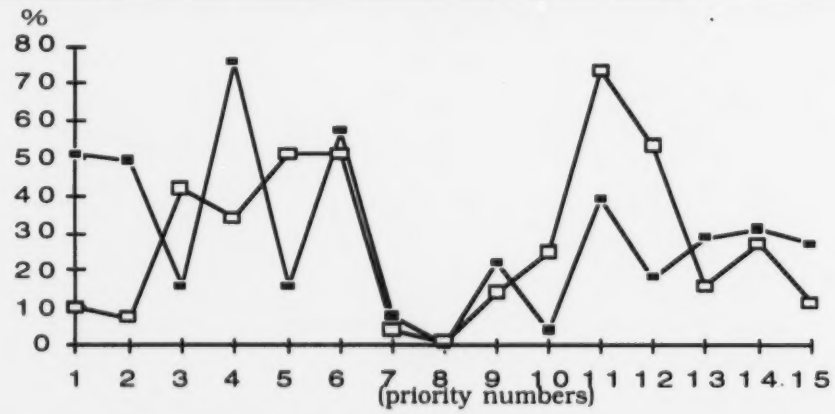
Black boxes are school-hired nurses, white boxes are contracted nurses

1. Student Health
2. First aid, emergency care
3. Health education
4. Screenings
5. Health and developmental assessments
6. Health records
7. Developing district policies
8. Attending parent meetings
9. Special education teachers and students
10. Home visits
11. Screening follow-up
12. Referral to other resources
13. Teaching/counseling
14. Communicable disease prevention/control
15. Interpret/implement regulations

Survey respondents indicated the most important functions of the school-hired nurse were screenings, student health, health records, and first aid/emergency care. Home visits, developing district policies, health education and health assessments were ranked as less of a priority.

For contracted nurses, screening follow-up, referral to other resources, health/developmental assessments and health records were listed as top priorities by those completing the survey. Attending parent meetings, developing district policies, and first aid/emergency care were low priorities. A comparison of the actual role of school-hired nurses and contracted nurses is shown in Figure 5.

Figure 5. Identified Priorities for School and Contracted Nurses



Black boxes are school-hired nurses, white boxes are contracted nurses

1. Student Health
2. First aid, emergency care
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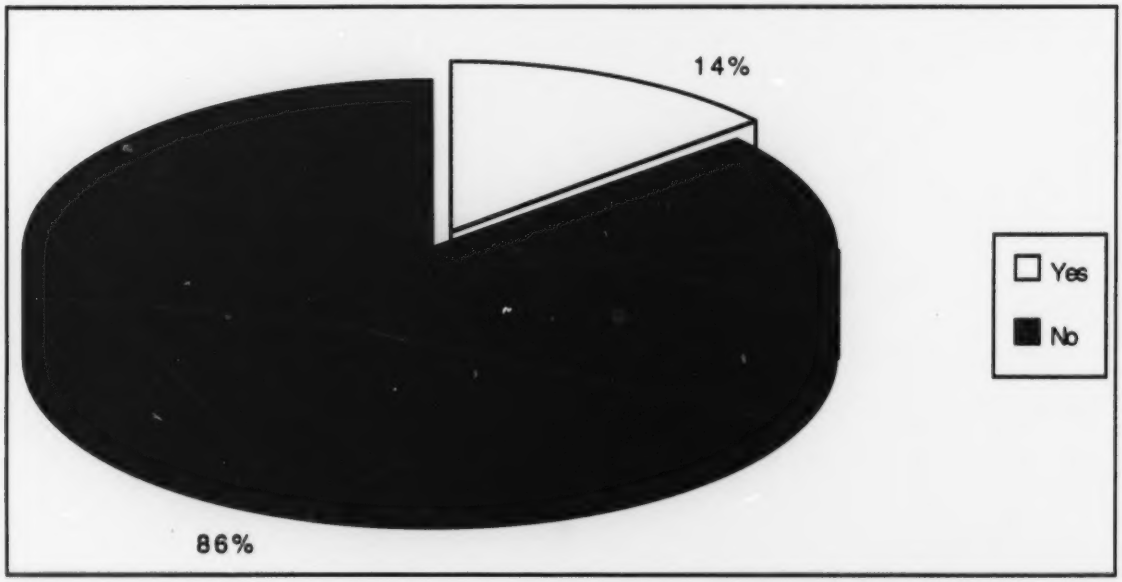
4. Screenings
5. Health and developmental assessments
6. Health records
7. Developing district policies
8. Attending parent meetings
9. Special education teachers and students
10. Home visits
11. Screening follow-up
12. Referral to other resources
13. Teaching/counseling
14. Communicable disease prevention/control
15. Interpret/implement regulations

Nursing services may be required as a related service on an Individual Education Plan (IEP) for students with special education needs. Only 14 districts claim special education financial reimbursement for health related services (Figure 6). These services ranged from testing by an audiologist to administering medications to children with attention deficit hyperactivity disorder. The survey also indicated that other districts are exploring or beginning to implement procedures for claiming special education reimbursement for nursing services.

Figure 6. School Districts Claiming Special Education Reimbursement for Nursing Services



Since nurses are not always present in a school building, the survey asked how the school communicated with the nurses when they were not there. Communication methods included phone messages, scheduled appointments, written notes, messages left with others, and a highly regarded paging system (the pager alerts the nurses to emergencies when

they are within a 30 mile radius of the school).

The survey asked respondents how they would like to see school nursing services change over the next 2 years. Forty-four respondents indicated a need for more nursing time in the schools; three anticipated the use of computerized records and logs; four respondents indicated that health education for students would be a priority; three indicated a need for more parent involvement; one indicated a need for weekly clinics for both students and adults in the community; four respondents indicated a need to become more involved with special education students; and one indicated that nursing services could be used to educate teachers as well as students.

According to survey comments, more time is needed to perform the following functions:

- train and supervise health aides;
- develop school district health policies;
- provide more health education;
- develop a standard health curriculum;
- have more direct contact with faculty/staff to better understand health related policies/procedures;
- become more involved with special education decisions; and,
- increase home visits to assess complex situations to enable schools to be better able to deal more effectively with learning problems.

of a nurse in the school.

There is a tendency for school districts that are small in size, less than 250 students and those with more than 1500 students to allocate less nursing time per student. This survey did not report on satisfaction with nursing services on the part of nurses nor their clients; this topic may be appropriate for further study.

A great deal of variability between schools was reported in this survey; conclusions about smaller-larger schools or school-contracted nurses must take into account specific school circumstances and is beyond the intent of the survey.

Every child needs a professional school nurse. Both school-hired nurses and contracted nurses can provide comprehensive school health services within schools.

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APPENDIX A

NURSING SERVICES SURVEY

SPONSORED BY MN DEPARTMENT OF HEALTH AND SW/WC ECSU

for all schools and all CHS agencies

1. Name of school district _____ (CHS agencies, please complete one form for each school district you serve)

2. Number of students in the district _____

3. Who provides nursing services in the school?
   _____ County Health Service, ____School district hired nursing staff,
   _____ other (please specify)_____

4. What is the nurse's licensure? ____ LPN, ____ RN, ___ PHN,
   or ___aide/clerical

5. How much time does the nurse spend in the school? _____
   ____hours/week, or ____hours/month, or _____days/year

6. How much do nursing services cost the district each year?_____

7. Is the nurse's time allocated by age of students?_____yes _____no

   If yes, what portion of the time is for
   _____elementary
   _____junior high/middle school
   _____high school age
   _____IEIC acitivities
   _____special needs children

8. Where is the nurse located in the building?
   _____office area
   _____nurse's office
   in which building?_____elementary, _____middle school/junior high,
   _____high school

9. What services does the nurse provide in the district? (check all that apply)

_____ student health services (giving medications, taking temperatures, etc.)
_____ first aid and emergency care
_____ health education
_____ screenings
_____ health and developmental assessments
_____ maintaining health records
_____ developing policies for district
_____ attending meetings with parents
_____ working with special educators and special education students
_____ home visits
_____ follow-up to screenings
_____ referral to other resources
_____ teaching and counseling students and other school personnel
_____ preventing and controlling communicable disease
_____ interpreting and implementing state/federal health regulations

10. Please number your top priorities for the nurse from 1 to 5. #1 is top priority.

_____ student health services (giving medications, taking temperatures, etc.)
_____ first aid and emergency care
_____ health education
_____ screenings
_____ health and developmental assessments
_____ maintaining health records
_____ developing policies for district
_____ attending meetings with parents
_____ working with special educators and special education students
_____ home visits
_____ follow-up to screenings
_____ referral to other resources
_____ teaching and counseling students and other school personnel
_____ preventing and controlling communicable disease
_____ interpreting and implementing state/federal health regulations

11. Do you claim special education reimbursement for any nursing services offered in your district? _____ yes, _____ no

Comments _____

_____

_____

12. If the nurse is not in the building full time, how do you communicate with her during her absence? _____

_____

13. How would you like to see school nursing services change for your district or agency in the next 2 years? _____

_____

_____

Return by December 17 to:

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